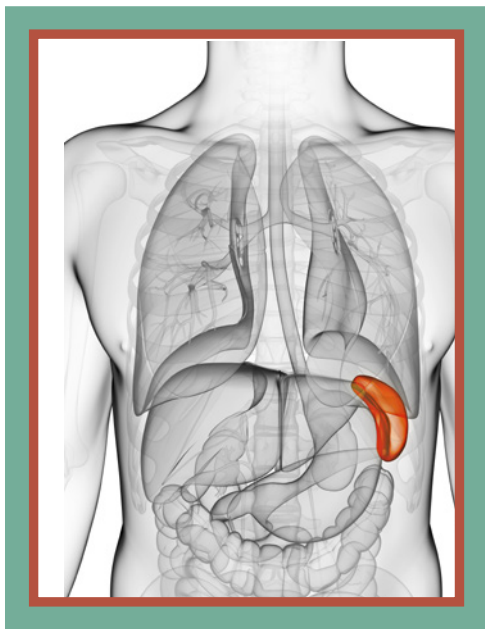


Sickle Cell Trait and Splenic Infarct: Information for Healthcare Providers



People with sickle cell trait (SCT) are generally healthy, but may develop splenic infarct.

Healthcare providers can educate people about this complication of SCT, including raising awareness of the risks, signs and symptoms, as well as steps they can take to reduce their risk.

Who is at risk for splenic infarct?

Splenic infarction is rare and can be associated with SCT and other hematologic conditions.

What are some triggers?

Splenic infarct in people with SCT most often occurs at high altitudes (greater than 1100 meters or 3600 feet above sea level). Exercise or dehydration may trigger symptoms.

What are the signs and symptoms of splenic infarct?

Symptoms of splenic infarct may include

- Sudden onset of persistent left-sided abdominal pain that may travel to the left shoulder;
- Chest pain with breathing; and
- Nausea.

Is it safe for people with SCT to fly or travel to high altitudes?

People with SCT can safely travel in airplanes, as long as the aircraft is pressurized. Most modern commercial aircraft are pressurized.

They can also safely travel to or exercise at high altitudes when taking the precautions listed below.

What steps can a person with SCT take to avoid splenic infarct?

To prevent splenic infarct, people with SCT can

- Stay hydrated by drinking more water than usual;
- Pace themselves with frequent rest while exercising, particularly at high altitudes; and
- Use a gradual physical conditioning regimen, particularly when new to areas of at high altitude.



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What treatments are available for splenic infarct in people with SCT?

Management of splenic infarct includes transporting the person to a lower altitude, and providing supportive care (hydration, supplemental oxygen, and analgesics).

What can a healthcare provider do to help care for a person with SCT who shows signs of splenic infarct?

Healthcare providers can

- Arrange to transport a person from a higher altitude to a lower altitude, when stable;
- Consider splenectomy only after all other treatment options have been explored; and
- Arrange close follow-up to monitor for the development of splenic abscesses, a potential consequence of splenic infarct.

